

## **Application Data Sheet**

### **Application Information**

Application number::	Not Yet Assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	System For Determining Endothelial Dependent Vasoactivity
Attorney Docket Number::	30028
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	24
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Giora
Family Name::	Amitzur
City of Residence::	Mevasseret-Zion
Country of Residence::	Israel
Street of mailing address::	1 HaCarmel Street P.O. Box 85050
City of mailing address::	Mevasseret-Zion
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	90805

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Shmuel
Family Name::	Einav
City of Residence::	Herzlia
Country of Residence::	Israel
Street of mailing address::	78 Etzel Street
City of mailing address::	Herzlia
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	46750

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Eran  
Family Name:: Peleg  
City of Residence:: Mazkeret Batia  
Country of Residence:: Israel  
Street of mailing address:: 24 HaOren Street  
City of mailing address:: Mazkeret Batia  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 76804

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Elya  
Family Name:: Zimerman  
City of Residence:: Tel Aviv  
Country of Residence:: Israel  
Street of mailing address:: 9 Smolenskin Street  
City of mailing address:: Tel Aviv  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 63415

## Correspondence Information

Name:: Martin Moynihan  
Street of mailing address:: c/o Anthony Castorina  
2001 Jefferson Davis Highway  
Suite 207  
City of mailing address:: Arlington  
State or Province of mailing address:: VA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 22202  
Phone number:: (703) 415-1581  
Fax Number:: (703) 415-4864

## Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	40,338	Martin Moynihan

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IL03/01025	12/03/03
This application	An application claiming the benefit under 35 USC 119(e)	60/431,739	12/09/02

[This application has no foreign priority claims]

## **Assignee Information**

Assignee name::	Ramot At Tel Aviv University Ltd.
Street of mailing address::	32 Haim Levanon Street
City of mailing address::	Tel Aviv
Country of mailing address::	Israel
Postal or Zip Code of mailing address::	69975